



**INDIANA UNIVERSITY**

SCHOOL OF MEDICINE  
Indiana Center for Musculoskeletal Health

*Bone and Muscle Interactions: the Mechanical and Beyond*

Young Investigator Application

*Please complete all following fields. Include this form with your abstract application, after the cover page.*

**Eligibility as a Young Investigator:**

**Date of Degree (anticipated or earned):** \_\_\_\_\_

**Please provide the name of your mentor:** \_\_\_\_\_

**Briefly describe your research goals (*limit: 100 words*).**

**Detail how this meeting will further your career goals (*limit: 100 words*):**

**Are you interested in the Young Investigator Travel Award?**  Yes  No

**Does your attending this meeting depend upon receipt of this award?**  Yes  No

***If yes, briefly describe your need for this award (*limit: 100 words*).***